



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.	MOD006299200
I. NAME OF INSTALLATION	
II. INSTALLATION MAILING ADDRESS	SPORLAN VALVE COMPANY** 611 E 7TH ST WASHINGTON, MO 63090
III. LOCATION OF INSTALLATION	611 E 7TH ST WASHINGTON, MO 63090

FOR OFFICIAL USE ONLY

COMMENTS	
C	
C	
15	16
INSTALLATION'S EPA I.D. NUMBER	APPROVED
DATE RECEIVED (yr., mo., & day)	
800701	JUL 7 1980
12	

I. NAME OF INSTALLATION
SPORLAN VALVE COMPANY

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX
611 EAST 7TH STREET

CITY OR TOWN
WASHINGTON

ST. ZIP CODE
MO 63090

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER
SAME

CITY OR TOWN
WASHINGTON

ST. ZIP CODE
MO 63090

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)
HEFFNER J H PLANT MANAGER

PHONE NO. (area code & no.)
314 239 3732

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER
SPORLAN VALVE COMPANY

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)
F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))
A. GENERATION
C. TREAT/STORE/DISPOSE

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))
A. AIR
B. RAIL
C. HIGHWAY
D. WATER
E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

A. FIRST NOTIFICATION
B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.
MOD006299200

IX. DESCRIPTION OF HAZARDOUS WASTES
Please go to the reverse of this form and provide the requested information.



IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F001 23 - 26	2 F003 23 - 26	3 F006 23 - 26	4 F007 23 - 26	5 F008 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P106 23 - 26	32 P121 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

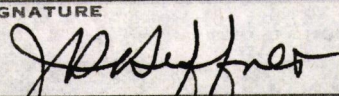
49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

- ☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) J. H. HEFFNER LT. MGR	DATE SIGNED 6/30/80
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